

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1/11	70591	10/27
O.I.P.E. CLASSIFIER		48	11/6/00
FORMALITY REVIEW	S.B	DC 525	11-22-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	11/22/00
1	✓
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20	✓
21	✓
22	○
23	✓
24	✓
25	✓
26	✓
27	○
28	✓
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36	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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